

THE AMERICAN VETERAN

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SEGMENT TITLE: BEST CARE ANYWHERE

JENNIFER BRADEN, HOST: IN RECENT YEARS THE DEPARTMENT OF VETERANS AFFAIRS HAS BEEN RECOGNIZED INTERNATIONALLY FOR ITS INNOVATIVE HEALTH CARE. IN HIS NEW BOOK, "THE BEST CARE ANYWHERE", PHILLIP LONGMAN TELLS US WHY VA HEALTH CARE IS BETTER THAN PRIVATE CARE. COKE ARIAIL TALKED WITH LONGMAN ABOUT HIS FINDINGS.

COKE ARIAIL, REPORTER: I WOULD LIKE TO START BY HAVING YOU TELL ME A LITTLE BIT ABOUT WHAT YOUR EXPECTATIONS WERE WHEN YOU STARTED WORK ON THIS PROJECT ABOUT HEALTH CARE.

PHILLIP LONGMAN, AUTHOR OF "THE BEST CARE ANYWHERE": I STARTED TALKING TO EXPERTS AND I STARTED HEARING THIS ANSWER BACK ABOUT WHO WAS PROVIDING THE BEST HEALTH CARE IN AMERICA OVER AND OVER AGAIN, THAT MADE MY BRAIN SMOKE. I JUST COULDN'T QUITE BELIEVE THIS. AND SO THEN I STARTED TALKING TO DOCTORS THEMSELVES AND PATIENTS, AND STARTED TOURING THESE FACILITIES. AND LO AND BEHOLD, CAME TO BE PERSUADED THAT THE EXPERTS WERE RIGHT. AND THE NAME OF THIS HEALTH CARE SYSTEM IS THE VETERANS ADMINISTRATION.

ARIAIL: CAN YOU CONTRAST THE WAY THAT THE VA IS PRACTICING MEDICINE TODAY WITH YOUR PERSONAL EXPERIENCE WITH THE PRIVATE HEALTH CARE SECTOR?

LONGMAN: THE BIG PROBLEM FOR MOST OF US OUTSIDE THE VA IS OUR HEALTH CARE IS NOT INTEGRATED AT ALL. WE GO TO SEE ONE SPECIALIST, THEN WE GO TO SEE ANOTHER, DEPENDING ON WHICH ORGAN IS BOTHERING US AT THE MOMENT. THOSE GUYS DON'T TALK TO EACH OTHER, THERE'S NO UNIFIED MEDICAL RECORD. AND SO, THE SYSTEM, AS A WHOLE, DOESN'T OPERATE LIKE A SYSTEM. UNDER THOSE CONDITIONS, IT'S VERY EASY TO WIND UP BEING PRESCRIBED DIFFERENT PRESCRIPTIONS THAT INTERACT WITH EACH OTHER IN HARMFUL WAYS.

ARIAIL: LET'S TALK ABOUT SOME OF THE ELEMENTS OF THE VA SYSTEM, THAT TEND TO MAKE IT A BETTER WAY TO PRACTICE MEDICINE, AND I GUESS LET'S START WITH VISTA. TELL ME ABOUT VISTA, WHAT ARE THE ADVANTAGES OF THAT?

LONGMAN: WELL, VISTA, OF COURSE, IS THE VETERAN ADMINISTRATION'S OWN INTEGRATED SOFTWARE PROGRAM THAT VARIOUS VA EMPLOYEES ACTING ON THEIR OWN, STARTED CREATING IN THE 1970S. IT HAS SINCE

GROWN INTO THIS MARVEL OF HEALTH INFORMATION TECHNOLOGY THAT BASICALLY IS STATE-OF-THE-ART FOR THE WORLD. IT HAS A NUMBER OF GREAT FEATURES. FIRST OF ALL, IT KEEPS AN ELECTRONIC MEDICAL RECORD FOR EVERY PATIENT. SO, WHEN, NO MATTER WHERE YOU GO, HAPPEN TO GET SICK, YOUR DOCTOR CAN GET YOUR MEDICAL RECORDS GOING ALL THE WAY BACK TO THE MID '80S. ANOTHER THING THAT'S VERY IMPORTANT WAS WHEN YOU HAVE THIS DIGITALIZED MEDICAL MODEL, IT ALLOWS DOCTORS AND RESEARCHERS TO GO BACK AFTER THE FACT, AND SEE WHAT PROTOCOLS AND DRUGS AND THE LIKE WORKED, AND WHICH DIDN'T. AND SO, FOR EXAMPLE, THE VA LEARNED MUCH EARLIER THAN ANYONE ELSE ABOUT THE PROBLEM WITH VIOXX BECAUSE, JUST BY LOOKING AT THEIR COMPUTER DATA, THEY COULD SEE THAT THIS WAS A DRUG THAT WAS KILLING PEOPLE.

ARIAIL: PATIENT SAFETY. WE HEAR THAT IN THE VA . DOESN'T THE PRIVATE SECTOR HAVE PATIENT SAFETY? TALK TO ME ABOUT PATIENT SAFETY.

LONGMAN: WELL, ACCORDING TO THE INSTITUTE OF MEDICINE, 98,000 AMERICANS ARE KILLED EVERY YEAR IN AMERICAN HOSPITALS DUE TO MEDICAL ERRORS. THAT'S A HUGE PROBLEM THROUGHOUT THE SYSTEM. MOST PEOPLE WHO STUDY THIS CAREFULLY WOULD SAY THE VA HAS DONE MORE THAN ANYONE ELSE TO IMPROVE PATIENT SAFETY. FOR EXAMPLE, IN A VA HOSPITAL, BEFORE A NURSE CAN GIVE YOU A PRESCRIPTION, SHE WILL, FIRST, SCAN THE MED ON HER OWN BAR-CODED BRACELET, SCAN THE PATIENT. THE COMPUTER WILL TELL HER IF IT'S THE RIGHT PATIENT, IF IT'S THE RIGHT DOSE, IF IT'S THE RIGHT TIME, AND YOU WOULDN'T BELIEVE HOW MANY ACCIDENTS AND FATALITIES ARE ELIMINATED BY A PROCESS LIKE THAT, AND HOW RARE THAT IS OUTSIDE THE VA.

ARIAIL: WHY DOESN'T THE PRIVATE PRACTICE HAVE COMPARABLE COMPUTER SYSTEMS?

LONGMAN: WELL, THAT'S SOMETHING I WAS VERY STARTLED BY, BOTH FROM MY PERSONAL EXPERIENCE WITH THE HEALTH CARE SYSTEM AND JUST THINKING ABOUT IT ABSTRACTLY. BUT, IT TURNS OUT, THERE REALLY ISN'T A BUSINESS CASE FOR PRIVATE SECTOR PEOPLE TO INVEST IN THIS KIND OF TECHNOLOGY. AND THE REASON IS BECAUSE THEIR RELATIONSHIP WITH THEIR PATIENTS IS SO SHORT-TERM.

ARIAIL: I NOTICED IN YOUR BOOK YOU HAD TALKED ABOUT THE VA "SELF SELECTING" DOCTORS IN THEIR ACADEMIC AFFILIATIONS. COULD YOU TALK, TELL ME WHAT YOU MEAN BY THAT?

LONGMAN: THEY'RE THERE BECAUSE THEY HAVE A SENSE OF MISSION, A SENSE OF CALLING, BOTH THE VETERANS THEMSELVES AND TO MEDICAL SCIENCE BECAUSE MOST VA DOCTORS ARE AFFILIATED WITH UNIVERSITIES.

MANY OF THEM ARE FACULTY MEMBERS. BEING A VA DOCTOR ALLOWS YOU TO DO A LOT OF PURE RESEARCH, AND THIS IS VERY ATTRACTIVE TO MANY PEOPLE.

ARIAIL: WHAT ELSE, ANYTHING ELSE THAT COMES TO MIND THAT WE COULD TAKE FROM THE VA SYSTEM AS A LESSON FOR THE PRIVATE SECTOR?

LONGMAN: WELL, WE TRIED HMOS, WE'VE TRIED PPOS, WE'VE TRIED MANAGED CARE, WE'VE TRIED PAY FOR PERFORMANCE, NOTHING SEEMS TO WORK, BECAUSE MOST OF WHAT WE ARE TALKING ABOUT IS JUST CHANGING THE WAY WE PAY FOR HEALTH CARE AS OPPOSED TO HOW WE ACTUALLY DO HEALTH CARE.

ARIAIL: ALSO IN YOUR BOOK YOU TALK ABOUT THE FACT THAT THE VA'S ABLE TO TAKE THE LONG TERM VIEW OF ITS PATIENTS. COULD YOU COMMENT ON THAT FOR ME?

LONGMAN: WELL, THE TYPICAL PATIENT, AS IT WERE, COMES IN AS YOUNG MAN OR WOMAN AND THE VA KNOWS THAT IT BASICALLY HAS THEM FOR LIFE, INCLUDING LONG-TERM NURSING HOME CARE. IT'S JUST PART OF THE PACKAGE OF BENEFITS. SO, THIS GIVES THEM A GREAT INCENTIVE TO MAKE SURE THAT YOU TAKE CARE OF YOURSELF AND TO MAKE SURE THAT WHAT PROCEDURES THAT THEY'RE DOING WITH YOU WORK AND THAT, I THINK, IS THE KEY THING THAT HAS MADE THE VA WORK BETTER THAN ANY OTHER INTEGRATED HEALTH CARE SYSTEM IN THE UNITED STATES.

ARIAIL: HOW DOES THAT MAKE A DIFFERENCE?

LONGMAN: ONCE YOU'RE IN THE VA, THAT'S A BIG HURDLE, BUT ONCE YOU'RE IN, MONEY IS NO LONGER A CONSIDERATION.

ARIAIL: WHAT IS THE CONSIDERATION?

LONGMAN: GOOD MEDICINE.

BRADEN: PHILLIP LONGMAN IS A SENIOR FELLOW AT THE NEW AMERICA FOUNDATION. HE IS THE AUTHOR OF NUMEROUS BOOKS AND ARTICLES ON HEALTH CARE. YOU CAN FIND "THE BEST CARE ANYWHERE" IN BOOKSTORES AND ON LINE. TO LEARN MORE ABOUT THE NEW AMERICA FOUNDATION, VISIT THEIR WEB SITE AT NEWAMERICA DOT NET.

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